ela la			PART B	- FEE(S) TRAN	NSN	11TTAL		NO. EV93484	7965US	/	
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INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence including of the correspondence including the control of the correspondence in the correspondence	or transning the Pa	nitting the ISSU tent, advance or n Block 1, by (a								
CURRENT CORRESPOND	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.										
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01 FC:2501 02 FC:1504 -03 FC:8001	02 FC:1504 300.00 OP									(Signature) (Date)	
APPLICATION NO.	FILING DATE	.00 00		FIRST NAMED INVEN	TOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/671,070 TITLE OF INVENTION	09/24/2003 E PYRIMIDINES AND	USES TH	IEREOF	Rama Bhatt				200144.404	586	6	
APPLN. TYPE	SMALL ENTITY	ISSU	JE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE	E DUE	
nonprovisional	YES		\$720	\$300		\$0		\$1020	07/30	0/2008	
EXAM	IINER	A	RT UNIT	CLASS-SUBCLASS	3	]					
RAO, DE	EEPAK R		1624	514-275000							
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE	PRINTED ON	THE PATENT (print of	or ty	pe)					
PLEASE NOTE: Un	less an assignee is iden th in 37 CFR 3.11. Com	tified belo	ow, no assignee	data will appear on t	he p	atent. If an assign	iee is ide	entified below, the d	ocument has b	een filed for	
(A) NAME OF ASSI				(B) RESIDENCE: (0							
CELL THERA	APEUTICS, INC.	,		SEATTLE,	WA	1					
Please check the appropriate assignee category or categories (will not be printed on the patent):										Government	
4a. The following fee(s) are submitted:  ✓ Issue Fee  ✓ Publication Fee (No small entity discount permitted)  ✓ Advance Order - # of Copies 3				<ul> <li>ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number: 19-1090 (enclose an extra copy of this form).</li> </ul>							
5. Change in Entity Sta  a. Applicant claim  NOTE: The Issue Fee an	s SMALL ENTITY stat	us. See 3	7 CFR 1.27.	b. Applicant is no		<u> </u>					
interest as shown by the	records of the United St	ates Paten	it and Trademark	Office.	11411	- applicant, a reg	isicicu a			———	
Authorized Signature		UR S	Shady			Date	July	30, 2008 32, 629			
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This collection of inform an application. Confident submitting the complete this form and/or suggest Box 1450, Alexandria, Varginia 223 Under the Paperwork Re	d application form to the ions for reducing this but irginia 22313-1450. Do	rden, sho	ould be sent to the END FEES OR	depending upon the e Chief Information (COMPLETED FORM	office IS To	ordual case. Any co er, U.S. Patent and OTHIS ADDRESS	Tradem S. SEND	ark Office, U.S. Dep TO: Commissioner	me you require artment of Cor for Patents, P.	e to complete	

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	ENCE ADDRESS (Note: Use Bl	ock I for any change of address)		Fee(s)	) Transmittal. This s. Each additional	s certifi paper,	cate cannot be used for such as an assignmen	domestic mailings of the r any other accompanying t or formal drawing, must			
500	7590 04/30	/2008		have	its own certificate	of mail	ing or transmission.				
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SEATTLE, WA	SEATTLE, WA 98104				VIA EXPRE	AIL**	(Depositor's name)				
								(Signature)			
								(Date)			
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10/671,070	09/24/2003		Rama Bhatt				200144.404	5866			
TTLE OF INVENTION	I: PYRIMIDINES AND	USES THEREOF	-								
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nonprovisional	YES	\$720	\$300	\$0			\$1020	07/30/2008			
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	S							
RAO, DI	1624	514-275000									
CFR 1.363).	ence address or indication		2. For printing on (1) the names of	up to	3 registered paten		eys 1				
Change of corresp Address form PTO/S	or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2										
"Fee Address" inc PTO/SB/47; Rev 03-4 Number is required	"Indication form ned. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
B. ASSIGNEE NAME A	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print	or typ	e)						
PLEASE NOTE: Un recordation as set for	lless an assignee is iden th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on t T a substitute for filin	the pa	tent. If an assign assignment.	ee is id	lentified below, the do	ecument has been filed for			
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (	CITY	and STATE OR C	COUNT	RY)				
CELL THER	APEUTICS, INC.	•	SEATTLE,	WA							
Please check the approp	riate assignee category o	r categories (will not be pr	rinted on the patent):		Individual 🖾 Co	orporati	on or other private gro	up entity Government			
ia. The following fee(s) Issue Fee	are submitted:	41	b. Payment of Fee(s):	•	se first reapply a	ny prev	riously paid issue fee s	shown above)			
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.							
Advance Order -	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number: 19-1090 (enclose an extra copy of this form).										
_ ` .	atus (from status indicate	•	b. Applicant is n	o long	ger claiming SMA	LL EN	FITY status. See 37 CI	FR 1.27(g)(2).			
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	1200	ates Patent and Trademark	k Office.		Date	July	30, 2008				
Authorized Signature  Typed or printed nan	Richard G.	•		Registration N	<u>.</u>	32,629					
		CFR 1.311. The information of U.S.C. 122 and 37 CFR	on is required to obtain 1.14. This collection	in or r			lic which is to file (and s to complete, including is on the amount of tire	by the USPTO to process) g gathering, preparing, and ne you require to complete			

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